

Shipper Premar Global Warehouse Logistics
Address: 6700 Gateway Park Drive, Suite 5
 San Diego, CA 92154
Country: USA
Contact Name: Oscar Castillo
Phone No: (951) 564-8115
Contact Email:
Fax No:

Carrier: TForce Freight Formerly
 Known as UPS Freight

Shipment Date: 08/16/2023

PO #: 230227-1506-19021

Est. Transit Days: 5 day(s)

Shipper Ref #: 230227-1506-19021

Carrier PRO #:

Customer BOL NO:

Origin Terminal:

Destination Terminal:

P:(619) 482-6694

P:(732) 750-3500

Consignee Hudson Export
Address: 300 Columbus Circle
 Suite E
 Edison, NJ 08837
Country: USA
Contact Name: receiver
Phone No: (848) 200-7057
Contact Email:
Fax No:

Third Party Billing Information :

All charges prepaid to :

GlobalTranz

PO Box 6348

Scottsdale AZ 85261

Direct billing inquiries to : (866) 275-1407

GTZ BOL NO : 27448352

LIMITATIONS OF LIABILITY APPLY. SUBJECT TO LIMITS OF LIABILITY OF
 THE CARRIER'S RULES TARIFF. CUSTOMER SERVICE 1-800-333-7400



TForce Freight 646 099 333 SAN

Comments/Special Instructions:

Delivery Remarks: po 230227-1506-19021 . any issues contact Jagdish 848-200-7057

Package Name	Units	Pieces	HM	Description	Weight	Class	Length	Width	Height	NMFC#
Pallets(non-standard)	2	0		CHIPOYS - 8 LESS THAN 12 DENSITY	1550 lbs	100	48 In	40 In	71 In	73260-6
Pallets(non-standard)	2	0		CHIPOYS - 8 LESS THAN 12 DENSITY	1550 lbs	100	48 In	40 In	71 In	73260-6
Pallets(non-standard)	1	0		CHIPOYS	600 lbs	125	48 In	40 In	71 In	73260-5
Total:	5	0			3700 lbs					

any problems with delivery, please contact Lawrence O'Brien at lobrien@globaltranz.com or (954) 871-0951.

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on www.carrierrate.com.

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature:

Date: **Trailer#:**

Driver's Signature:

Date: **Trailer#:**

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Consignee Signature:

Print Name:

Company Name:

Date:

Permanent post-office address of the Shipper:

Mark with "X" to designate material as defined in Title 49 CFR